Many, many thanks to all who contributed to this issue . . . a tremendous effort! There are 9 Quick Updates!!

1. <u>Because you took the time to report . . . thank-you!</u> As always, you continue to do an outstanding job of reporting events that impact on the quality of patient care we provide. In the September **QU**, we will provide you with a quarterly report on more improvements we have made as a result of your reporting. Here are 4 items that might interest you:

■ **Labeling Specimens for Blood Bank** - We've identified an issue with long or hyphenated patient names. In some cases the full name does not print on MIS generated patient labels. When drawing a Typenex specimen, if the patient labels do not contain the patient's complete first and last name, then
   ▪ make a new label using the addressograph plate (if the addressograph plate contains the complete first and last name), or
   ▪ hand write the rest of the name on the label
   ▪ Write the full first and last name on the Typenex band and verify that the two labels match (accurate spelling is imperative)
   ▪ If you need blank labels, please call your administrative coordinator.

■ **Equipment Concerns** – As we introduce new equipment into the CC, we are particularly interested in hearing about difficulties you experience. When you report an equipment concern, please include the product's serial number and/or lot number (if available) and the nature of the failure. Don't forget to place an "Out of Service" tag on the equipment and put it in your soiled utility room.

■ **ADD-Vantage® Medication System** – The Pharmacy IV Team identified an opportunity for improving patient safety and the distribution of commercially available pre-mixed solutions including the ADD-Vantage® Medication System.
   ▪ To ensure that drugs, drug labels, and ordered parenteral solutions are not separated, the IV Pharmacy will dispense all 3 components in a convenient resealable plastic bag.
   ▪ When orders are discontinued or changed, the whole bag can be placed in the Pharmacy return bin. ADD-Vantage Medication Systems that are not expired can then be placed back into the Pharmacy's inventory for reissue . . . a cost savings.
   ▪ The only change required for nurses is to NOT separate the components in the resealable bag. If storage space is an issue, the Pharmacy can work with nurse managers.

■ **Patient Information Folders** - The Admissions Department and our Patient Advisory Board have gathered many of our NIH, Clinical Center, and local resources and bundled them into an organized them for our patients and families. On their first visit, each patient is provided with a striking **cobalt blue** vinyl patient information folder. The folder was created to assist patients and their families to become familiar with resources in the CC and in the Washington metropolitan area. The patient information folder contains:
   ▪ *Hospital Information* including familiar brochures, i.e., Your Patient Representative at the NIH, Advance Directives at the NIH, Patient Responsibilities, Bioethics Consultation Services, and more!
   ▪ *Local Area Information* including helpful maps, metro routes and schedules, phone numbers and addresses of local restaurants and hotels.
   ▪ *The Patient Handbook*

During the admissions process, the Admission Clerk personally reviews the contents of the folder with each patient inviting them to use the folder to conveniently record important phone numbers and appointments, and file necessary papers and patient education materials. Patients are encouraged to bring this folder back with them on each visit to the CC to use as a handy resource. As always, all information contained in the folder can also be found on the CC Home Page.

2. Fire Alarms - During walking rounds, you asked great questions about how to access your PCUs when the fire alarm has been activated and the entrance doors have been automatically locked by the activation of the fire alarm. Here is the background information and what you need to know.

- The front doors of all inpatient units except behavioral health and the ICUs are electronically set to "lock" whenever the fire alarm is activated on an inpatient unit. When the fire alarm is activated, you can exit the unit at any time but you cannot reenter. This is a safety feature that prevents front doors from bursting open from pressure and spreading fire to other areas of the building. To reenter the inpatient area via the front door, you can use a key or, you can use recently installed keypad locks to gain entrance. Simply enter in the inpatient unit's 5-digit phone number and open the door.
- The front doors of behavioral health units and ICUs do not have the keypad feature and doors can be opened with a key.
- In outpatient clinics, the back door has a panic bar and a mechanical latch that can be used during the fire alarm period. Additionally, the stairs located in each clinic lead directly to the lobby.
- Contact OFM (6-2862) if any problems are encountered with the keypad locks.

3. Evacuation procedures and routes - One of the many things that investigators have learned since the tragedy of the 9/11 event at the World Trade Center is that many of the survivors who successfully evacuated the buildings were familiar with their escape routes. We want you to be knowledgeable about your horizontal and vertical evacuation routes should you ever need to evacuate your patient care unit.

- In the CC Emergency Management Procedures flipchart (posted in all patient care areas) there are 2 sections concerning evacuation ("Evacuation Procedures" and "Evacuation Routes"). There is space provided for supervisors to record pertinent evacuation information specific to patient care areas or other CC locations. Filling this information out will ensure that everyone (including float and contract staff) will have this information when needed.
- Generally, the CC response to an emergency situation is to "Defend in Place." However, if evacuation of an area is required, staff, patients, and visitors should follow the directions provided by Fire Department personnel.
- Horizontal evacuation means that you and your patients **EXIT** the patient care unit to a designated "area of refuge" on the same floor.
- Vertical evacuation means that you and your patients **EXIT** the "area of refuge" by going DOWN a designated fire **EXIT** leading to either outside of the building or to the main lobby.
- In the OP areas, the front glass door is not a designated fire exit. If you have to evacuate your OP unit, you would use the stairs located in each clinic leading down to the lobby, or use the back door which would allow staff and patients to leave the area and stage in an "area of refuge."

4. Guardrails® Safety Software – Nursing, Pharmacy, Medicine, and MMD have been collaborating to integrate the Guardrails® Safety Software with the new ALARIS Medley Medication Safety System. This software has allowed the CC to create 10 drug profiles that provide minimum and maximum infusion rate guidelines for "error-prone" and/or high-risk drugs. When a nurse programs the ALARIS pump to infuse a drug from an approved drug profile, and prior to the start of the infusion, the Guardrails® Safety Software will sound an alert when the infusion information is entered outside of the approved guidelines . . . hopefully preventing an infusion error. Additionally, the Guardrails® Safety Software tracks issued alerts, the steps leading to a programming error, and the subsequent steps taken to avert an error. This PI data can then be analyzed and used to improve our drug infusion practices. Training is underway now in the basics of using the Guardrails® Safety Software.

5. Multidose vials – Did you know the CC has a policy governing the use of multidose vials (M93-13 Policy for the Use of Multiple Dose and Single Dose Vials for Injection (http://push.cc.nih.gov/policies/PDF/M93-13.pdf)? Any vial intended for multidose use should be dated and timed. If you don't date and time the vial when it is opened, the Pharmacy will remove it at the next unit inspection ensuring no multiple-dose vial is on the unit for longer than 30 days. Unless specified by the manufacturer, a multidose vial need not be refrigerated. And, because of the risk of bacterial contamination, it is prohibited to use a parenteral minibag for drawing up flush solutions.

6. <u>**Got allergies?**</u> If your patient reports they have food or drug allergies, be sure to use the established alert system to communicate this information to all who need to know. The MEC policy, M93-7 Patient Allergy Identification and Labeling (http://push.cc.nih.gov/policies/PDF/M93-7.pdf) might be helpful to review.

- Record the information in MIS so the information can be exported to all patient care departments
- Place a red allergy wristband on your patient noting the specific allergies
- Place a red "Sensitivity/Allergy" alert label on the front of the medical record and the unit chart noting the specific allergies.
- Do NOT use the "Sensitivity/Allergy" alert label or the allergy wristband to communicate there are "no allergies."

7. <u>**How to reach Nutrition Services**</u> – The Nutrition Department has established 2 numbers you can call to check on diet orders, delayed trays, to verify that a MIS O GRAM has been received, and to restock a PCU's food & fluids.

- From 6:00 a.m. – 7:30 p.m., call 1-4019 or 5-3016. These numbers will ring directly into the menu processing room.
- From 7:30 pm. – 8:00 p.m., call 6-9511

8. <u>**Need supplies from CHS?**</u>   Here are a few tips you might find useful:

- The Visual Supply Catalog is available 24/7 to request supplies.
- Supplies are delivered to your patient care unit during normal CHS operating hours:
  - Monday through Friday . . . 6:30 a.m. - 8:00 p.m.
  - Sat/Sun/Holidays . . . 8:00 a.m. - 4:30 p.m.
- If you need a supply when CHS is closed, you can either
  - Look for commonly needed supplies on the CHS night cart (security or the service supervisor can assist you in gaining access to CHS), or
  - If what you need is not on the cart and you cannot wait until CHS opens in the morning, you can page the CHS On-Call Technician through the page operator.
- CHS support required during normal hours should be directed to the department number 496-2243. The page operator may also overhead page to CHS if needed.
- The Visual Supply Catalog is a work in progress. If you think other words might be helpful to describe a supply that you often use or, if you discover a spelling error, please forward your e-suggestion to Paula Wrenn.
- Helpful hint: when using the Visual Supply Catalog search engine, avoid using the plural form of a word, i.e., don't use an "s."

9. <u>**Would you like to read a past issue of a newsletter?**</u>   The **QU** and the **How YOU Doin' Grids** are now posted on the Nursing Intranet/ Staff Resources and the **JCAHO 2003** flyers are posted on the JCAHO website (http://intranet.cc.nih.gov/od/jcaho/).